

SAC Application Attachments

The following table outlines information related to application attachments and is provided as a reference. Detailed information for Attachments is available in Section IV,2.vii (pages 30 – 33) of the funding opportunity announcement.

Provide the following items in the order specified below to complete the content of the application. Unless otherwise noted, attachments count toward the application page limit. Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit.

Each attachment must be clearly labeled according to the number provided (e.g., Attachment 2: Corporate Bylaws). Merge similar documents (e.g., letters of support) into a single file. As desired, provide a table of contents for attachments with multiple components. Attachment-specific table of contents are not counted toward the page limit. Number the electronic pages sequentially, restarting at page 1 for each attachment.

NOTE: The HRSA EHB will not accept file attachments with names that exceed 100 characters.

Applications that do not include attachments marked “C” (required for completeness) will be considered incomplete or non-responsive and will not be considered for funding. Failure to include attachments marked “R” (required for review) may negatively impact an application’s objective review score.

Attachment	Required for Completeness (C) or Review (R)	Instruction	Counted in Page Limit (Y/N)
Attachment 1: Service Area Map and Table	R	<p>Upload a map of the service area for the proposed project, indicating the organization’s proposed health center site(s) listed in Form 5B: Service Sites. The map must clearly indicate the proposed service area zip codes, any medically underserved areas (MUAs) and/or medically underserved populations (MUPs), and Health Center Program award recipients, look-alikes, and other health care providers serving the proposed zip codes. Maps should be created using UDS Mapper (http://www.udsmapper.org/). Markers may need to be manually placed for the locations of other major private provider groups serving low income/uninsured patients.</p> <p>Include a corresponding table that lists each zip code tabulation area (ZCTA) in the service area, the number of Health Center Program award recipients serving each ZCTA, the dominant award recipient serving each ZCTA, total population, total low-income population, total Health Center Program award recipient patients, and low-income population and total population</p>	Y

Attachment	Required for Completeness (C) or Review (R)	Instruction	Counted in Page Limit (Y/N)
		penetration levels for each ZCTA and for the overall proposed service area. This table will be automatically created in UDS Mapper. See the SAC Technical Assistance web site (http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html) for samples and instructions on creating maps using UDS Mapper. For a tutorial, see Specific Use Cases: Create a Service Area Map and Data Table (http://www.udsmapper.org/tutorials.cfm).	
Attachment 2: Corporate Bylaws	C	Upload (in its entirety) the applicant organization's most recent bylaws. Bylaws must be signed and dated indicating review and approval by the governing board. Public centers that have a co-applicant must submit the co-applicant governing board bylaws. See the GOVERNANCE section of the Project Narrative for more details.	Y
Attachment 3: Project Organizational Chart	R	Upload a one-page document that depicts the applicant's current organizational structure, including the governing board, key personnel, staffing, and any subrecipients or affiliated organizations.	Y
Attachment 4: Position Descriptions for Key Management Staff	R	Upload current position descriptions for key management staff: Chief Executive Officer (CEO), Clinical Director (CD), Chief Financial Officer (CFO), Chief Information Officer (CIO), Chief Operating Officer (COO) and Project Director (PD). Indicate on the position descriptions if key management positions are combined and/or part time (e.g., CFO and COO roles are shared). Each position description should be limited to one page and must include, at a minimum, the position title; description of duties and responsibilities; position qualifications; supervisory relationships; skills, knowledge, and experience requirements; travel requirements; salary range; and work hours.	Y

Attachment	Required for Completeness (C) or Review (R)	Instruction	Counted in Page Limit (Y/N)
Attachment 5: Biographical Sketches for Key Management Staff	R	Upload current biographical sketches for key management staff: CEO, CD, CFO, CIO, COO and PD. Biographical sketches should not exceed two pages each. When applicable, biographical sketches must include training, language fluency, and experience working with the cultural and linguistically diverse populations to be served.	Y
Attachment 6: Co-Applicant Agreement (as applicable)	<ul style="list-style-type: none"> • New: C • Competing Continuation and Competing Supplement: R 	Public center applicants that have a co-applicant board must submit, in its entirety, the formal co-applicant agreement signed by both the co-applicant governing board and the public center. ¹ See the RESOURCES/CAPABILITIES and GOVERNANCE sections of the Project Narrative for more details.	Y
Attachment 7: Summary of Contracts and Agreements (as applicable)	R	<p>Upload a BRIEF SUMMARY describing all current or proposed patient service-related contracts and agreements, consistent with Form 5A: Services Provided, Columns II and III, respectively. The summary must address the following items for each contract or agreement:</p> <ul style="list-style-type: none"> • Name of contract/referral organization. • Type of contract or agreement (e.g., contract, referral agreement, Memorandum of Understanding or Agreement). • Brief description of the type of services provided and how/where services are provided. • Timeframe for each contract or agreement (e.g., ongoing contractual relationship, specific duration). <p>If a contract or agreement will be attached to Form 8: Health Center Agreements (e.g., subrecipient agreement; contract or subaward to a parent, affiliate, or subsidiary organization), denote this with an asterisk (*).</p>	Y

¹ Public centers were referred to as “public entities” in the past.

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Attachment 8: Articles of Incorporation (as applicable)	<ul style="list-style-type: none"> • New: C • Competing Continuation and Competing Supplement: N/A 	New applicants must upload the official signatory page (seal page) of the organization's Articles of Incorporation. A public center with a co-applicant will upload the co-applicant's Articles of Incorporation signatory page, if incorporated. Tribal organizations, reference the applicant's designation in the Federally Recognized Indian Tribe List maintained by the Bureau of Indian Affairs.	Y
Attachment 9: Letters of Support	R	<p>Upload current dated letters of support to document commitment to the project. See the COLLABORATION section of the Project Narrative for details on required letters of support. Letters of support should be addressed to the organization's board, CEO, or other appropriate key management staff member (e.g., Clinical Director).</p> <p>Note: Only letters of support submitted with the application will be considered by reviewers.</p>	Y
Attachment 10: Sliding Fee Discount Schedule(s)	R	Upload the current or proposed sliding fee discount schedule(s). See the RESPONSE section of the Project Narrative for details.	Y
Attachment 11: Evidence of Nonprofit or Public Center Status (as applicable)	<ul style="list-style-type: none"> • New: C • Competing Continuation and Competing Supplement: N/A 	<p>New applicants must upload evidence of nonprofit or public center status. This attachment does not count toward the page limit.</p> <p>Private Nonprofit: A private, nonprofit organization must submit any one of the following as evidence of its nonprofit status:</p> <ul style="list-style-type: none"> • A copy of a currently valid IRS Tax exemption letter/certificate. • A statement from a state taxing body, state Attorney General, or other appropriate state official certifying that the applicant organization has a nonprofit status. • A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization. • Any of the above documentation for a state or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate. 	N

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		<p>Public Center: Consistent with PIN 2010-01 (http://bphc.hrsa.gov/programopportunities/lookalike/pin201001.html), public center applicants must provide documentation demonstrating that the organization qualifies as a public agency (e.g., health department) for the purposes of section 330 of the PHS Act, as amended. Any of the following is acceptable:</p> <ul style="list-style-type: none"> • Affirm Instrumentality Letter (4076C) from the IRS or a letter of authority from the federal, state, or local government granting the entity one or more sovereign powers. • A determination letter issued by the IRS providing evidence of a past positive IRS ruling or other documentation demonstrating that the organization is an instrumentality of government, such as documentation of the law that created the organization or documentation showing that the state or a political subdivision of the state controls the organization. • Formal documentation from a sovereign state's taxing authority equivalent to the IRS granting the entity one or more governmental powers. 	
Attachment 12: Floor Plans (as applicable)	<ul style="list-style-type: none"> • New and Competing Supplement: R • Competing Continuation: N/A 	New and competing supplement applicants must provide copies of floor plans for all sites within the proposed scope of project. Competing continuation applicants should only provide floor plans for approved sites in the currently funded Health Center Program scope of project if there has been a change in site layout.	Y
Attachment 13: Implementation Plan (as applicable)	<ul style="list-style-type: none"> • New and Competing Supplement: C • Competing Continuation: N/A 	New and competing supplement applicants must upload the Implementation Plan. Refer to Appendix C for detailed instructions and the SAC Technical Assistance web site (http://bphc.hrsa.gov/programopportunities/fundingopportunities/SAC/index.html) for a sample.	Y

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Attachment 14: Other Relevant Documents (as applicable)	R	<p>If desired, include a other relevant documents to support the proposed project (e.g., indirect cost rate agreements, charts, organizational brochures, lease agreements). Maximum of two uploads.</p> <p>Note: New and competing supplement applicants must include lease/intent to lease documentation in this attachment if a prosed site is or will be leased.</p> <p>Applicants must upload an indirect cost rate agreement if such costs are claimed.</p>	Y